



CLASS C AMENDMENT FORM

231795

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 8-29-11

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____

☒ Class C Non-Emergency # 8355 Dock Number # 2010-374-T

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change

From: _____ DBA: _____
(Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
(New Name) (New DBA if applicable)

☒ Scope of Authority

From: Serkeley, Dorchester Counties To: Beaufort, Colleton Counties
(Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
(Current Limit Number) (New Limit Number)

CARE + Safety Transportation LLC.
Name & DBA if DBA is applicable)

S.F. Helena Is. 29920
(City, State, Zip Code)

(843) 476-3730
(Telephone Number)

21 OAK Plantation
(Street and/or Mailing Address)

Wendell Gregory
(Signature)

OWNER
(Title) Owner, President, etc.